| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF OHIO | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ■ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | | |
|----|--|--|-----|---|
| | | About Debtor 1: | Α | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for | Michelle First name | F | -irst name |
| | example, your driver's license or passport). | R. Middle name | | Middle name |
| | Bring your picture identification to your meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | — - | ast name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-4153 | | |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | 19609 Milan Drive | If Debtor 2 lives at a different address: |
| | | Maple Heights, OH 44137 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | County County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, | Check one: Over the last 180 days before filing this petition, I |
| | | I have lived in this district longer than in any other district. | have lived in this district longer than in any other district. |
| | | I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

| Deb | otor 1 Michelle R. Lower | y | | | | Case r | number (if known) | | | |
|-----------|---|----------------------|---|--|---------------------------------------|---|--|--|--|--|
| Box | Tall the Court Alexan | (D | | | | | | | | |
| Par 7. | t 2: Tell the Court About \ The chapter of the | | · · | rief description of each, see | Notice Re | quired by 11 U.S. | .C. § 342(b) for Individu | uals Filing for Bankruptcy | | |
| | Bankruptcy Code you are choosing to file under | (Form 20 | 10)). Also, | go to the top of page 1 and o | heck the | appropriate box. | | | | |
| | one coming to mic amac. | ☐ Chapter 7 | | | | | | | | |
| | | ☐ Chapt | | | | | | | | |
| | | ☐ Chapt | er 12 | | | | | | | |
| | | ■ Chapt | er 13 | | | | | | | |
| 8. | How you will pay the fee | abo ord a p | out how yo er. If your re-printed | | re paying ayment or | the fee yourself, your behalf, you | you may pay with cash r attorney may pay with | n, cashier's check, or money h a credit card or check with | | |
| | | | | r the fee in installments. If y e <i>in Installment</i> s (Official Fori | | e this option, sign | and attach the Applica | ation for Individuals to Pay | | |
| | | ☐ I re but app | quest that is not requalies to you | t my fee be waived (You ma | y request may do so able to pay | only if your inco the fee in install | me is less than 150% oments). If you choose | of the official poverty line that this option, you must fill out | | |
| 9. | Have you filed for | □ No. | | | | | | | | |
| | bankruptcy within the last 8 years? | Yes. | | | | | | | | |
| | | | District | Northern District of Ohio | When | 7/05/18 | Case number | 18-13988-jps | | |
| | | | District | Northern District of Ohio | When | 11/02/15 | Case number | 15-16253-jps (7) | | |
| | | | District | | _ When | | Case number | | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | | | |
| | | | Debtor | | | | Relationship to y | /ou | | |
| | | | District | | _ When | | Case number, if | known | | |
| | | | Debtor | | | | Relationship to y | /ou | | |
| | | | District | | _ When | | Case number, if | known | | |
| 11. | Do you rent your residence? | ■ No. | Go to li | ne 12. | | | | | | |
| | residence: | ☐ Yes. | Has yo | ur landlord obtained an evicti | on judgm | ent against you? | | | | |
| | | | | No. Go to line 12. | | | | | | |
| | | | | Yes. Fill out <i>Initial Statemen</i> this bankruptcy petition. | t About ar | n Eviction Judgme | ent Against You (Form | 101A) and file it as part of | | |

| ebto | Michelle R. Lower | у | | Case number (if known) | | | |
|---|--|-----------------------|---|--|--|--|--|
| | _ | | | | | | |
| art 3 | Report About Any Bu | ısinesses | You Own as a Sole Pro | prietor | | | |
| C | Are you a sole proprietor of any full- or part-time pusiness? | ■ No. | Go to Part 4. | | | | |
| | | ☐ Yes. | Name and location o | f business | | | |
| | A sole proprietorship is a | | | | | | |
| business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | Name of business, if | | | | |
| S | f you have more than one cole proprietorship, use a separate sheet and attach | | Number, Street, City | State & ZIP Code | | | |
| | to this petition. | | Check the appropriat | te box to describe your business: | | | |
| | | | ☐ Health Care I | Business (as defined in 11 U.S.C. § 101(27A)) | | | |
| | | | ☐ Single Asset | Real Estate (as defined in 11 U.S.C. § 101(51B)) | | | |
| | | | ☐ Stockbroker | as defined in 11 U.S.C. § 101(53A)) | | | |
| | | | ☐ Commodity B | roker (as defined in 11 U.S.C. § 101(6)) | | | |
| | | | ☐ None of the a | bove | | | |
| (E) | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation | are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate less. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of lons, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure .S.C. 1116(1)(B). | | | | |
| F | For a definition of small | No. | I am not filing under | Chapter 11. | | | |
| k | ousiness debtor, see 11 J.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| | | ☐ Yes. | I am filing under Cha | pter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | |
| art 4 | Report if You Own or | Have Any | y Hazardous Property o | r Any Property That Needs Immediate Attention | | | |
| 4. [| Oo you own or have any | ■ Na | | | | | |
| ŗ | property that poses or is | ■ No. | | | | | |
| C | alleged to pose a threat of imminent and | ☐ Yes. | What is the hazard? | | | | |
| | dentifiable hazard to oublic health or safety? | | | | | | |
| Ċ | Or do you own any | | If immediate attention is | | | | |
| | property that needs mmediate attention? | | needed, why is it neede | | | | |
| ļ. O | For example, do you own perishable goods, or ivestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | | | | |
| | | | | Number, Street, City, State & Zip Code | | | |
| | | | | | | | |
| | | | | | | | |

Debtor 1 Michelle R. Lowery

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101

| Deb | tor 1 Michelle R. Lower | у | | Case number (| if known) |
|------|---|-----------------------|---|--|--|
| Pari | 6: Answer These Quest | ions for R | eporting Purposes | | |
| 16. | What kind of debts do you have? | 16a. | | umer debts? Consumer debts are define al, family, or household purpose." | d in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | |
| | | | Yes. Go to line 17. | | |
| | | 16b. | | ness debts? Business debts are debts the nent or through the operation of the business | |
| | | | ☐ No. Go to line 16c. | | |
| | | | ☐ Yes. Go to line 17. | | |
| | | 16c. | State the type of debts you owe | that are not consumer debts or business | debts |
| 17. | Are you filing under Chapter 7? | ■ No. | I am not filing under Chapter 7. 0 | Go to line 18. | |
| | Do you estimate that after any exempt property is excluded and | ☐ Yes. | | ou estimate that after any exempt proper ble to distribute to unsecured creditors? | ty is excluded and administrative expenses |
| | administrative expenses | | □ No | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | Yes | | |
| 18. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | □ 25,001-50,000 |
| | you estimate that you owe? | ■ 1-49 □ 50-99 | | ☐ 5001-10,000 | ☐ 50,001-100,000 |
| | owe: | ☐ 100-19 ☐ 200-9 | | ☐ 10,001-25,000 | ☐ More than100,000 |
| 19. | How much do you | □ \$0 - \$ | 50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | □ \$50,00 | 01 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion |
| | | | 001 - \$500,000 001 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| 20. | How much do you | □ \$0 - \$ | 50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your liabilities to be? | | 001 - \$100,000 | □ \$10,000,001 - \$50 million | \$1,000,000,001 - \$10 billion |
| | | | 001 - \$500,000 001 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| Part | 7: Sign Below | | | | |
| For | you | I have ex | amined this petition, and I declare | e under penalty of perjury that the informa | tion provided is true and correct. |
| | | | | am aware that I may proceed, if eligible, un f available under each chapter, and I choo | |
| | | | | pay or agree to pay someone who is not a otice required by 11 U.S.C. § 342(b). | n attorney to help me fill out this |
| | | I request | relief in accordance with the chap | oter of title 11, United States Code, specifi | ed in this petition. |
| | | bankrupto and 3571 | cy case can result in fines up to \$. I. | ncealing property, or obtaining money or p 250,000, or imprisonment for up to 20 year | property by fraud in connection with a ars, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | | elle R. Lowery e R. Lowery | Signature of Debtor 2 | <u> </u> |
| | | | e of Debtor 1 | Ç | |
| | | Executed | | Executed on | |
| | | | MM / DD / YYYY | MM / | DD / YYYY |

| Debtor 1 | Michelle R. Lowery | Case number (if known) |
|----------|--------------------|------------------------|
| | | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Melissa L. Resar | Date | June 17, 2019 |
|--|---------------|-------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Melissa L. Resar | | |
| Printed name | | |
| Rauser & Associates | | |
| Firm name | | |
| 614 W. Superior # 950 | | |
| Cleveland, OH 44113 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 216-263-6200 | Email address | www.ohiolegalclinic.com |
| 0071963 OH | | |
| Bar number & State | | |

| Fill | in this inform | nation to identify your | case: | | | |
|------|------------------------------|---|--|--|---------------|--------------------------|
| | otor 1 | Michelle R. Lowe | | | | |
| | | First Name | Middle Name | Last Name | | |
| 1 | otor 2 ouse if, filing) | First Name | Middle Name | Last Name | | |
| Uni | ted States Ban | kruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | |
| Cas | se number | | | | | |
| | iown) | | | | _ | k if this is an |
| | | | | | amen | ded filing |
| | | | | | | |
| | | m 106Sum | | | | |
| | | | | nd Certain Statistical Information are filing together, both are equally responsible | | 12/15 |
| info | rmation. Fill o | ut all of your schedul | es first; then complete th | ne information on this form. If you are filing ame | | |
| you | r original form | ns, you must fill out a | new <i>Summary</i> and checl | k the box at the top of this page. | | |
| Par | t 1: Summa | arize Your Assets | | | | |
| | | | | | Your a | ssets of what you own |
| | | | 1001(5) | | value | or what you own |
| 1. | Schedule A/ 1a. Copy line | /B: Property (Official F e 55, Total real estate, f | orm 106A/B) rom Schedule A/B | | . \$ | 43,700.00 |
| | 1b. Copy line | e 62, Total personal pro | perty, from Schedule A/B | | \$ | 58,655.00 |
| | 1c. Copy line | e 63, Total of all propert | y on Schedule A/B | | . \$ | 102,355.00 |
| Par | t 2: Summa | arize Your Liabilities | | | | |
| | | | | | Your I | abilities |
| | | | | | | t you owe |
| 2. | | | laims Secured by Property mn A, Amount of claim, at | (Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule D</i> . | \$ | 120,797.22 |
| 3. | Schedule E/I | F: Creditors Who Have | Unsecured Claims (Officia | I Form 106E/F) as) from line 6e of Schedule E/F | \$ | 600.00 |
| | | | | | | 25 245 22 |
| | 3b. Copy the | e total claims from Part | 2 (nonpriority unsecured c | laims) from line 6j of Schedule E/F | \$ | 35,245.33 |
| | | | | Your total liabiliti | es \$ | 156,642.55 |
| | | | | 100 100 100 | | 100,042.00 |
| Par | t 3: Summa | arize Your Income and | I Expenses | | | |
| 4. | Schedule I: \ | Your Income (Official Fo | orm 106I) | | | |
| | | | | ? I | . \$ | 6,052.66 |
| 5. | | Your Expenses (Officia onthly expenses from li | | | \$ | 3,933.00 |
| Par | t 4: Answei | r These Questions for | Administrative and Stati | istical Records | | |
| 6. | Are you filin | og for hankruntev und | er Chapters 7, 11, or 13? | | | |
| υ. | - | • | • | heck this box and submit this form to the court with | your other sc | hedules. |
| | ■ Yes | | | | | |
| 7. | | f debt do you have? | | | | |
| | | | | debts are those "incurred by an individual primarily to g for statistical purposes. 28 U.S.C. § 159. | or a personal | , family, or |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Best Case Bankruptcy

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

4,595.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total | claim |
|--|-------|-----------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 600.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 27,233.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 27,833.00 |

| | Michelle R. Lowery | | | | | |
|--|---|------------|---|--|--------------|---|
| Dahtar O | First Name Mid | dle Name | Last Name | | | |
| Debtor 2 Spouse, if filing) | First Name Mid | dle Name | Last Name | | | |
| Jnited States Bank | ruptcy Court for the: NORTHE | RN DIST | RICT OF OHIO | | | |
| Case number | | | | | | Check if this is a |
| | | | | | Ш | amended filing |
| | | | | | | |
| Official Form | m 106A/B | | | | | |
| Schedule | A/B: Property | | | | | 12/15 |
| | <u>.</u> | t an asset | only once. If an asset fits in more than one | category, list the | asset in the | |
| | | | married people are filing together, both are his form. On the top of any additional pages | | | |
| nswer every questic | | | . , | , | | , |
| Part 1: Describe Ea | nch Residence, Building, Land, or 0 | ther Real | Estate You Own or Have an Interest In | | | |
| Do you own or hav | ve any legal or equitable interest in | any resid | ence, building, land, or similar property? | | | |
| ☐ No. Go to Part 2 | | | | | | |
| Yes. Where is the | | | | | | |
| Yes. where is tr | ne property? | | | | | |
| | | | | | | |
| .1 | | What | is the property? Check all that apply | | | |
| 19609 Milan | Drive | | Single-family home | Do not deduct se | cured claims | s or exemptions. Put |
| Street address, if a | available, or other description | - - | Duplex or multi-unit building | the amount of an | y secured cl | aims on Schedule D: Secured by Property. |
| | | | Condominium or cooperative | Creditors willo H | ave Claims (| secured by Property. |
| | | П | Manufactured or mobile home | | | |
| Maple Heigh | hts OH 44137-0000 | | Land | Current value of entire property? | | current value of the ortion you own? |
| City | State ZIP Code | | Investment property | \$43,70 | 00.00 | \$43,700.0 |
| | | | Timeshare | | | ownership interest |
| | | _ | Other has an interest in the property? Check one | (such as fee sin a life estate), if l | | y by the entireties, o |
| | | | Debtor 1 only | Fee simple | | |
| Cuyahoga | | | Debtor 2 only | | | |
| County | | | Debtor 1 and Debtor 2 only | ☐ Check if thi | s is commu | nity property |
| | | 245- | At least one of the debtors and another | (see instructio | ns) | |
| | | | r information you wish to add about this ite erty identification number: | n, such as local | | |
| | | | I : 782-08-090 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | your entries from Part 1, including any | | | \$43,700.00 |
| pages you hav | e attached for Part 1. Write the | | your entries from Part 1, including any r here | | | \$43,700.00 |
| | e attached for Part 1. Write the | | | | | \$43,700.00 |
| pages you have art 2: Describe You own, lease | ve attached for Part 1. Write the our Vehicles , or have legal or equitable into | erest in a | | => d or not? Includ | e any vehic | |
| pages you have art 2: Describe You own, lease ameone else drives | ve attached for Part 1. Write the our Vehicles , or have legal or equitable into | erest in a | ny vehicles, whether they are registere Schedule G: Executory Contracts and Union | => d or not? Includ | e any vehic | |
| pages you have art 2: Describe You own, lease omeone else drives | our Vehicles our Vehicles our Vehicles or have legal or equitable integers. If you lease a vehicle, also rep | erest in a | ny vehicles, whether they are registere Schedule G: Executory Contracts and Union | => d or not? Includ | e any vehic | |

Official Form 106A/B Schedule A/B: Property page 1

| Debtor 1 | Michelle R. Lowery Case number (if know | /n) |
|--|---|---|
| | craft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories les: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories | |
| ■ No | | |
| ☐ Yes | | |
| | he dollar value of the portion you own for all of your entries from Part 2, including any entries for s you have attached for Part 2. Write that number here=> | \$0.00 |
| Part 3: | Describe Your Personal and Household Items | |
| · | own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | shold goods and furnishings ples: Major appliances, furniture, linens, china, kitchenware | |
| ■ Ye | s. Describe | |
| | Location: 19609 Milan Drive, Maple Heights OH 44137 | \$5,000.00 |
| □ No | ponics ples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; musi including cell phones, cameras, media players, games s. Describe | c collections; electronic devices |
| | Cell Phone | \$100.00 |
| Exam No □ Yes | tibles of value ples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, contour collections, memorabilia, collectibles 5. Describe ment for sports and hobbies ples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canobic musical instruments | |
| ■ No | s. Describe | |
| ■ No | rms mples: Pistols, rifles, shotguns, ammunition, and related equipment s. Describe | |
| □ No | nes mples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories s. Describe | |
| | Location: 19609 Milan Drive, Maple Heights OH 44137 | \$500.00 |
| 12. Jewe <i>Exai</i> ■ No | e lry <i>nples:</i> Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, geme | s, gold, silver |
| | | |

☐ Yes. Describe.....

Official Form 106A/B Schedule A/B: Property page 2

| 13. | ebtor 1 Michelle | e R. Lowery | Case number | (if known) |
|-----|--|--|---|---|
| | | s cats, birds, horses | | |
| | ■ No □ Yes. Describe | | | |
| 14. | Any other person | al and household items you | did not already list, including any health aids you did | not list |
| | ☐ Yes. Give speci | fic information | | |
| 15 | | | om Part 3, including any entries for pages you have atta | \$5,600.00 |
| | Describe Your | | | |
| Do | o you own or nave | any legal or equitable interes | st in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | Cash Examples: Money ■ No | you have in your wallet, in you | ur home, in a safe deposit box, and on hand when you file | your petition |
| | ☐ Yes | | | |
| 17. | institut | ing, savings, or other financial | accounts; certificates of deposit; shares in credit unions, bounts with the same institution, list each. | rokerage houses, and other similar |
| | □ No ■ Yes | | Institution name: | |
| | | 17.1. Checking | Ohio Catholic Credit Union | \$550.00 |
| | | 47.0 Sovingo | Ohio Catholic Credit Union | \$5.00 |
| | | 17.2. Savings | Onlo Catholic Credit Officia | |
| | | | | |
| 18. | Examples: Bond f | nds, or publicly traded stock unds, investment accounts with | ks h brokerage firms, money market accounts | |
| 18. | | | h brokerage firms, money market accounts | |
| | Examples: Bond f No Yes Non-publicly tradijoint venture | unds, investment accounts with | h brokerage firms, money market accounts | an interest in an LLC, partnership, and |
| | Examples: Bond f No Yes Non-publicly tradijoint venture No | unds, investment accounts with | h brokerage firms, money market accounts suer name: corporated and unincorporated businesses, including a | |
| | Examples: Bond f No Yes Non-publicly tradijoint venture No | unds, investment accounts with Institution or iss ed stock and interests in income | h brokerage firms, money market accounts suer name: corporated and unincorporated businesses, including a | |
| 19. | Examples: Bond f No Yes Non-publicly tradigint venture No Yes. Give special Government and Negotiable instrur Non-negotiable in | Institution or iss ed stock and interests in ince fic information about them Name of entity: | h brokerage firms, money market accounts suer name: corporated and unincorporated businesses, including a | hip: |
| 19. | Examples: Bond f No Yes Non-publicly tradigint venture No Yes. Give specifications in the control of th | Institution or iss ed stock and interests in ince fic information about them Name of entity: JML Investments corporate bonds and other nents include personal checks, struments are those you cannot ic information about them Issuer name: | h brokerage firms, money market accounts suer name: corporated and unincorporated businesses, including a % of owners s of Ohio 100 negotiable and non-negotiable instruments , cashiers' checks, promissory notes, and money orders. | hip: |
| 20. | Examples: Bond f No Yes Non-publicly tradigint venture No Yes. Give specifications of the control of th | Institution or iss ed stock and interests in ince fic information about them Name of entity: JML Investments corporate bonds and other n ments include personal checks, struments are those you cannot ic information about them Issuer name: nsion accounts its in IRA, ERISA, Keogh, 401(i | h brokerage firms, money market accounts suer name: corporated and unincorporated businesses, including a % of owners s of Ohio 100 negotiable and non-negotiable instruments , cashiers' checks, promissory notes, and money orders. | hip:% \$52,500.00 |

Official Form 106A/B Schedule A/B: Property page 3

| De | btor 1 | Michelle R. L | _owery | | Case numb | oer (if known) | |
|-----|-------------------|--------------------------------------|--|-------------------------------|-------------------------------|----------------------|---|
| | Your sh | | prepayments d deposits you have made s with landlords, prepaid rent | | | | or others |
| | ☐ Yes | | | Institution name of | or individual: | | |
| | Annuiti | es (A contract fo | or a periodic payment of mor | ney to you, either for life o | r for a number of years) | | |
| | ☐ Yes | lss | suer name and description. | | | | |
| | | | on IRA, in an account in a 529A(b), and 529(b)(1). | qualified ABLE program | , or under a qualified stat | te tuition progran | n. |
| | ■ No □ Yes | Ins | stitution name and description | on. Separately file the reco | ords of any interests.11 U.S | S.C. § 521(c): | |
| | ■ No | | ture interests in property (| (other than anything liste | ed in line 1), and rights or | powers exercisa | able for your benefit |
| | | | ormation about them | | | | |
| | Examp ■ No | les: Internet dom | ademarks, trade secrets, a nain names, websites, proce | | | | |
| | ☐ Yes. | Give specific info | ormation about them | | | | |
| | _Ехатр | | and other general intangib mits, exclusive licenses, coo | | ings, liquor licenses, profes | ssional licenses | |
| | ■ No □ Yes. | Give specific info | ormation about them | | | | |
| Mo | oney or p | property owed t | o you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ■ No | unds owed to you | ou ormation about them, includi | ing whether you already fil | ed the returns and the tax y | years | |
| 29. | Family : Examp | | lump sum alimony, spousal | support, child support, ma | aintenance, divorce settlem | ent, property settl | ement |
| | ☐ Yes. (| Give specific info | ormation | | | | |
| | Examp | | ne owes you es, disability insurance payr paid loans you made to som | | sick pay, vacation pay, wor | rkers' compensation | on, Social Security |
| | ■ No □ Yes. | Give specific info | ormation | | | | |
| | | s in insurance les: Health, disal | policies bility, or life insurance; healt | th savings account (HSA); | credit, homeowner's, or re | nter's insurance | |
| | | Name the insura | nce company of each policy | and list its value. | | | |
| | | | Company name: | | Beneficiary: | | Surrender or refund value: |
| | If you a | | y that is due you from sor y of a living trust, expect pro | | ce policy, or are currently e | ntitled to receive p | property because |
| | _ | Give specific info | ormation | | | | |

Official Form 106A/B Schedule A/B: Property page 4 Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com

| Deb | otor 1 | Michelle R. Lowery | | Case number (if known) | |
|-------------|-----------------|---|----------------------------|-----------------------------|-------------------------|
| 33. | | against third parties, whether or not you have filed a law oles: Accidents, employment disputes, insurance claims, or rig | | and for payment | |
| | No | | | | |
| L | ┙Yes. | Describe each claim | | | |
| _ | Other o | contingent and unliquidated claims of every nature, include | ding counterclaims o | of the debtor and rights to | set off claims |
| | ☐ Yes. | Describe each claim | | | |
| _ | Any fin ■ No | nancial assets you did not already list | | | |
| | ☐ Yes. | Give specific information | | | |
| 36. | | the dollar value of all of your entries from Part 4, including art 4. Write that number here | | • | \$53,055.00 |
| Part | t 5: Des | scribe Any Business-Related Property You Own or Have an Intere | est In. List any real esta | ate in Part 1. | |
| _ | | own or have any legal or equitable interest in any business-relate | d property? | | |
| | _ | to Part 6. | | | |
| | Yes. G | Go to line 38. | | | |
| Part | | scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In. | |
| 46. | Do you | ı own or have any legal or equitable interest in any farm- | or commercial fishin | g-related property? | |
| | ■ No. | Go to Part 7. | | | |
| | ☐ Yes. | . Go to line 47. | | | |
| | | | | | |
| Part | t 7: | Describe All Property You Own or Have an Interest in That You | Did Not List Above | | |
| 53. | Do you | ı have other property of any kind you did not already list? | • | | |
| _ | | oles: Season tickets, country club membership | | | |
| | No | | | | |
| L | → Yes. | Give specific information | | | |
| 54 | Add t | the dollar value of all of your entries from Part 7. Write that | at number here | | \$0.00 |
| O 1. | , tuu t | | | | |
| Part | t 8: | List the Totals of Each Part of this Form | | | |
| 55. | Part 1 | 1: Total real estate, line 2 | | | \$43,700.00 |
| 56. | Part 2 | 2: Total vehicles, line 5 | \$0.00 | | |
| 57. | Part 3 | 3: Total personal and household items, line 15 | \$5,600.00 | | |
| 58. | Part 4 | 4: Total financial assets, line 36 | \$53,055.00 | | |
| 59. | Part 5 | 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6 | 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7 | 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$58,655.00 | Copy personal property t | otal \$58,655.00 |
| 63. | Total | of all property on Schedule A/B. Add line 55 + line 62 | | | \$102,355.00 |
| | | | | | |

Official Form 106A/B Schedule A/B: Property page 5

| ill in this information to identify your case: | | | | | | | | |
|--|-----------------------------|--|--|--|--|--|--|--|
| Debtor 1 Michelle R. Lowery | | | | | | | | |
| First Name | Middle Name | Last Name | | | | | | |
| | | | | | | | | |
| First Name | Middle Name | Last Name | | | | | | |
| nkruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | | | | | |
| | | | ☐ Check if this is an amended filing | | | | | |
| | Michelle R. Lowe First Name | Michelle R. Lowery First Name Middle Name First Name Middle Name | Michelle R. Lowery First Name Middle Name Last Name First Name Middle Name Last Name | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

| 1. | Which set of exemp | ptions are | you claiming? | Check one only | , even if | your spouse is | s filing with | vou. |
|----|--------------------|------------|---------------|----------------|-----------|----------------|---------------|------|
|----|--------------------|------------|---------------|----------------|-----------|----------------|---------------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
|--|---|---|-----------------------------------|---|---|
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | 19609 Milan Drive Maple Heights, OH 44137 Cuyahoga County | \$43,700.00 | | \$145,000.00 | Ohio Rev. Code Ann. § 2329.66(A)(1) |
| | PPN: 782-08-090 Line from <i>Schedule A/B</i> : 1.1 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(A)(1) |
| | Location: 19609 Milan Drive, Maple Heights OH 44137 | \$5,000.00 | | \$5,000.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| | Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | 2020:00(-1)(-1)(0) |
| | Cell Phone Line from Schedule A/B: 7.1 | \$100.00 | | \$100.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| | Line from Goriedale 772. TT | | | 100% of fair market value, up to any applicable statutory limit | 2020:00(: 1)(: 1)(0) |
| | Location: 19609 Milan Drive, Maple Heights OH 44137 | \$500.00 | | \$500.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| | Line from Schedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | JML Investments of Ohio | \$52,500.00 | | \$1,325.00 | Ohio Rev. Code Ann. § 2329.66(A)(18) |
| | Line from Schedule A/B: 19.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

Best Case Bankruptcy

| Deb | btor 1 | Michelle R. Lowery Case | number (if known) | |
|-----|--------|--|---------------------|--|
| 3. | , | you claiming a homestead exemption of more than \$170,350? bject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the data. | ate of adjustment.) | |
| | | No | | |
| | | Yes. Did you acquire the property covered by the exemption within 1,215 days before yo | u filed this case? | |
| | | □ No | | |
| | | ☐ Yes | | |

| Fill in this inform | nation to identify you | ır case: | | | |
|--|----------------------------|--|--|--|-------------------------------|
| Debtor 1 | Michelle R. Low | verv | | | |
| | First Name | Middle Name Last Name | | - | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name Last Name | | - | |
| United States Ban | kruptcy Court for the: | NORTHERN DISTRICT OF OHIO | | _ | |
| Case number (if known) | | | | _ | c if this is an ded filing |
| Official Form | 106D | | | | |
| | | Who Have Claims Secured | l by Propert | V | 12/15 |
| | | If two married people are filing together, both are equ | | | |
| is needed, copy the number (if known). | Additional Page, fill it o | out, number the entries, and attach it to this form. On | the top of any additio | nal pages, write your na | ime and case |
| 1. Do any creditors I | have claims secured by | your property? | | | |
| ☐ No. Check | this box and submit th | his form to the court with your other schedules. Yo | ou have nothing else | to report on this form. | |
| Yes. Fill in | all of the information | below. | - | | |
| | Secured Claims | | | | |
| | | more than one secured claim, list the creditor separately | Column A | Column B | Column C |
| for each claim. If mo | ore than one creditor has | a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Cuyahoga | County Fiscal | | | | |
| Office | | Describe the property that secures the claim: | \$18,823.06 | \$43,700.00 | \$7,454.00 |
| Creditor's Name | | 19609 Milan Drive Maple Heights, OH 44137 Cuyahoga County PPN: 782-08-090 | | | |
| 2079 East Cleveland, | | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| Number, Street, | City, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the del | bt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | ☐ An agreement you made (such as mortgage or sect | ured | | |
| Debtor 2 only | | car loan) | | | |
| Debtor 1 and Del | btor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| _ | e debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this cla | nim relates to a | Other (including a right to offset) | | | |

8090

Last 4 digits of account number

Official Form 106D

community debt

Date debt was incurred 2018

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 3

Best Case Bankruptcy

| Debtor 1 Michelle R. Lowery First Name Middle N | | number (if known) | | |
|---|---|-------------------|---|--------|
| 2.2 INA Group, LLC | Describe the property that secures the claim: | \$7,614.19 | \$43,700.00 | \$0.00 |
| Creditor's Name | 19609 Milan Drive Maple Heights, | . , , | , , , , , , , , , , , , , , , , , , , | |
| c/o CT Corporation | OH 44137 Cuyahoga County | | | |
| System | PPN: 782-08-090 | | | |
| 4400 Easton Commons | As of the date you file, the claim is: Check all that | | | |
| Way, STE 125 | apply. □ Contingent | | | |
| Columbus, OH 43219 | | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| _ | ☐ An agreement you made (such as mortgage or secured | | | |
| ■ Debtor 1 only | car loan) | | | |
| Debtor 2 only | <u>_</u> | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) tax liens | | | |
| Date debt was incurred 2014 | Last 4 digits of account number 2461 | | | |
| 2.3 INA Group, LLC | Describe the property that secures the claim: | \$3,395.59 | \$43,700.00 | \$0.00 |
| Creditor's Name | 19609 Milan Drive Maple Heights, | | | |
| c/o CT Corporation | OH 44137 Cuyahoga County | | | |
| System 4400 Easton Commons | PPN: 782-08-090 As of the date you file, the claim is: Check all that | | | |
| Way, STE 125 | apply. | | | |
| Columbus, OH 43219 | Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only | ☐ An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | | | | |
| _ | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred 2007 | Last 4 digits of account number 8146 | | | |
| 2.4 INA Group, LLC | Describe the property that secures the claim: | \$5,964.38 | \$43,700.00 | \$0.00 |
| Creditor's Name | 19609 Milan Drive Maple Heights, | | | |
| c/o CT Corporation | OH 44137 Cuyahoga County | | | |
| System | PPN: 782-08-090 | | | |
| 4400 Easton Commons | As of the date you file, the claim is: Check all that apply. | | | |
| Way, STE 125 Columbus, OH 43219 | ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortgage or secured car loan) | | | |
| Debtor 2 only | cai luaiij | | | |
| Debtor 1 and Debtor 2 only | ■ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | ☐ Other (including a right to offset) | | | |
| community debt | | | | |
| Date debt was incurred 2009 2000 | Last 4 digits of account number 0340 | | | |
| Date debt was incurred 2008, 2009 | Last 4 digits of account number 0319 | | | |

Official Form 106D Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 3

| Debtor 1 Michelle R. Lowery First Name Middle N | lame Last Name | Case number (if known) | | |
|--|--|--|--------------------------|--|
| 2.5 SN Servicing | Describe the property that secures the claim: | \$85,000.00 | \$43,700.00 | \$77,097.22 |
| Creditor's Name | 19609 Milan Drive Maple Heights, OH 44137 Cuyahoga County PPN: 782-08-090 | | ¥ 10,1 00100 | — • • • • • • • • • • • • • • • • • • • |
| 323 Fifth St. Eureka, CA 95501 | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only □ Debtor 2 only | An agreement you made (such as mortgage or s car loan) | secured | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred 1997 | Last 4 digits of account number | <u>. </u> | | |
| | | | | |
| Add the dollar value of your entries in C If this is the last page of your form, add Write that number here: | Column A on this page. Write that number here: the dollar value totals from all pages. | \$120,797.2 \$120,797.2 | | |
| Part 2: List Others to Be Notified for | or a Debt That You Already Listed | | | |
| trying to collect from you for a debt you o | pe notified about your bankruptcy for a debt that your to someone else, list the creditor in Part 1, and t you listed in Part 1, list the additional creditors has page. | I then list the collection agenc | y here. Similarly, if yo | ou have more |
| Name, Number, Street, City, State & Cuyahoga County Commo | n Pleas | hich line in Part 1 did you enter | | |
| Gerald Fuerst Clerk of Cou 1200 Ontario Street Cleveland, OH 44113-1678 | TIS Last 4 | 4 digits of account number _ 58 | 1 | |
| Name, Number, Street, City, State & David T. Brady | Zip Code On w | hich line in Part 1 did you enter | he creditor? 2.2 | |
| 1213 Prospect Ave. Suite 300 | Last 4 | 4 digits of account number 58 | <u> 42</u> | |

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 3 of 3

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Cleveland, OH 44115

| | | nation to identify your case: | | | | | | |
|------------------------------------|---|--|---|--------------------------------|---|--|------------------------|----------------|
| Debt | or 1 | Michelle R. Lowery First Name | Middle Name Last N | ame | | | | |
| Debt | or 2 | · iiot i tailio | Zuot 1 | | | | | |
| (Spous | se if, filing) | First Name | Middle Name Last N | ame | | | | |
| Unite | ed States Ba | nkruptcy Court for the: NOF | THERN DISTRICT OF OHIO | | | | | |
| Case (if know | e number _ wn) | | | | | | if this is a | an |
| ∩ffi | cial Forn | n 106E/F | | | | • | | |
| | | | Have Unsecured Clai | ne | | | 12/1 | 5 |
| Sched Sched left. At name | lule G: Execu lule D: Credit ttach the Cor and case nu | tory Contracts and Unexpired Le ors Who Have Claims Secured by Itinuation Page to this page. If yo nber (if known). | ould result in a claim. Also list exec ases (Official Form 106G). Do not in Property. If more space is needed, u have no information to report in a | clude any cre copy the Part | ditors with partially s you need, fill it out, | secured claims that number the entries | are listed in the boxe | n es on the |
| Part | | II of Your PRIORITY Unsecur | | | | | | |
| _ | _ ′ | ors have priority unsecured claim | s against you? | | | | | |
| _ | ☑ No. Go to F ■ | Part 2. | | | | | | |
| | Yes. | | editor has more than one priority unse | | | | | |
| p P | ossible, list the Part 1. If more | e claims in alphabetical order accor than one creditor holds a particular | oriority and nonpriority amounts, list the ding to the creditor's name. If you hav claim, list the other creditors in Part 3. instructions for this form in the instruct | more than two | | aims, fill out the Cont | nuation Pa Nonprio | ge of |
| 2.1 | IRS | | Last 4 digits of account numb | er 4153 | \$600.00 | amount \$600.00 | amount | \$0.00 |
| | Priority Cr | editor's Name | | 4100 | | | | ΨΟ.ΟΟ |
| | | lphia, PA 19114-0325 | When was the debt incurred? | 2016 | | - | | |
| | | treet City State Zip Code | As of the date you file, the cla | im is: Check a | II that apply | | | |
| | _ | d the debt? Check one. | ☐ Contingent | | | | | |
| | Debtor 1 o | only | ☐ Unliquidated | | | | | |
| | Debtor 2 | only | ☐ Disputed | | | | | |
| | Debtor 1 a | and Debtor 2 only | Type of PRIORITY unsecured | claim: | | | | |
| | ☐ At least or | ne of the debtors and another | ☐ Domestic support obligation | ; | | | | |
| | ☐ Check if t | his claim is for a community deb | Taxes and certain other deb | s you owe the | government | | | |
| | Is the claim | subject to offset? | Claims for death or persona | injury while yo | u were intoxicated | | | |
| | ■ No | | Other. Specify | | | | _ | |
| | ☐ Yes | | Income | ax | | | | |
| Part | 2: List A | II of Your NONPRIORITY Uns | ecured Claims | | | | | |
| | | ors have nonpriority unsecured c | | | | | | |
| _ | _ ´ | . , | mit this form to the court with your oth | er schedules. | | | | |
| • | Yes. | | | | | | | |
| u th | insecured clai | m, list the creditor separately for ea | the alphabetical order of the credit ch claim. For each claim listed, identify ther creditors in Part 3.If you have mo | what type of c | laim it is. Do not list cla | aims already included | in Part 1. I | If more |

Total claim

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 7

| ADT Security Services | Last 4 digits of account number | 0521 | \$3 |
|---|--|---|------|
| Nonpriority Creditor's Name P.O. Box 650485 Dallas. TX 75265 | When was the debt incurred? | 2018 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | • | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Utility | | |
| ADT Security Services | Last 4 digits of account number | 6385 | \$2 |
| Nonpriority Creditor's Name P.O. Box 650485 | When was the debt incurred? | 2018 | |
| Dallas, TX 75265 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim | в. Спеск ан так арргу | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Utility | | |
| AT&T Uverse | Last 4 digits of account number | 9528;6662 | \$72 |
| Nonpriority Creditor's Name P.O. Box 9100 Farmingdale, NY 11735 | When was the debt incurred? | 2018 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Cable/Inter | net | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 7

Best Case Bankruptcy

| Capital One | Last 4 digits of account number | 0663 | \$489.2 |
|---|--|---|----------|
| Nonpriority Creditor's Name | Last 4 digits of account number | | ψ+03.2 |
| P.O. Box 30285 Salt Lake City, UT 84130-0285 | When was the debt incurred? | 2016 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Credit Card | <u> </u> | |
| City of Cleveland Dvision of Water | Last 4 digits of account number | 7835 | \$315.37 |
| Nonpriority Creditor's Name 1201 Lakeside Ave. | When was the debt incurred? | 2019 | |
| Cleveland, OH 44114 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | , | on one and apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Water | | |
| Cleveland Clinic | Last 4 digits of account number | 2016 | \$500.00 |
| Nonpriority Creditor's Name | | WWW.44.50 | |
| 9500 Euclid Ave Cleveland, OH 44195 | When was the debt incurred? | XXXX4153 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Medical | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 7

| | | 400= | A = |
|--|--|---|----------------|
| Credit One Bank Nonpriority Creditor's Name | Last 4 digits of account number | 1825 | \$582 |
| P.O. Box 98873 | When was the debt incurred? | 2016 | |
| Las Vegas, NV 89193 | | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Credit Card | <u>.</u> | |
| First Federal Credit Control | Last 4 digits of account number | 3727 | \$(|
| Nonpriority Creditor's Name | _ | | _ _ |
| 24700 Chagrin Blvd. #205 | When was the debt incurred? | 2019 | |
| Beachwood, OH 44122 Number Street City State Zip Code | As of the date you file, the claim | is: Chack all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim | ъ. Спеск ан тат арргу | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| _ | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| At least one of the debtors and another | Student loans | u Claiii. | |
| Check if this claim is for a community debt | | and a superior of the state of | |
| Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharir | ng plans, and other similar debts | |
| □ Yes | ■ Other. Specify Collection | 5, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, | |
| La res | Other. Specify Collection | | |
| indigo Nonpriority Creditor's Name | Last 4 digits of account number | 6885 | \$30 |
| po box 205548 | When was the debt incurred? | 2016 | |
| Dallas, TX 75320 | | : OL | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Спеск ан that apply | |
| _ | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| _ | report as priority claims Debts to pension or profit-sharir | ng plans, and other similar debte | |
| No No | | | |
| ☐ Yes | Other. Specify Credit Card | d . | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 4 of 7

| Michelle R. Lowery | | Case number (if known) | |
|---|--|---|-----------|
| LendUp | Last 4 digits of account number | 4249 | \$300.0 |
| Nonpriority Creditor's Name 225 Bush St. 11th FI. | When was the debt incurred? | 2016 | |
| San Francisco, CA 94104 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| Yes | Other. Specify Online Loa | <u>n</u> | |
| Northeast Ohio Regional Sewer District | Last 4 digits of account number | 3938 | \$536. |
| Nonpriority Creditor's Name P.O. Box 94550 Cleveland, OH 44101-4550 | When was the debt incurred? | 2019 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | Student loans | | |
| Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Utility | | |
| Quantum3 Group LLC | Last 4 digits of account number | 4153 | \$1,000.0 |
| Nonpriority Creditor's Name P.O. Box 788 Kirkland, WA 98083-0788 | When was the debt incurred? | 2017 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharing | | |
| ☐ Yes | Other. Specify Collections | s for medical debts | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 5 of 7

Best Case Bankruptcy

| Debtor 1 Michelle R. Lowery | | Case number (if known) | | | | | | |
|---|--------------------------------------|---|--|--|--|--|--|--|
| Insolvency Group 3 | | ■ Part 1: Creditors with Priority Unsecured Claims | | | | | | |
| 1240 E 9th St Room 493 | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims | | | | | | |
| Cleveland, OH 44199 | Last 4 digits of account number | 4153 | | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 d | id you list the original creditor? | | | | | | |
| IRS | Line 2.1 of (Check one): | ■ Part 1: Creditors with Priority Unsecured Claims | | | | | | |
| Centralized Insolvency Operations PO Box 21126 Philadelphia, PA 19114 | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims | | | | | | |
| Timadolpina, FA 10114 | Last 4 digits of account number | 4153 | | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 d | id you list the original creditor? | | | | | | |
| Slayton Wireless, LLC | Line 4.3 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | | | | |
| 105 Executive Pkwy., Ste. 300 Hudson, OH 44236 | | Part 2: Creditors with Nonpriority Unsecured Claims | | | | | | |
| , | Last 4 digits of account number | 9528;6662 | | | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|-----------------------|-----|---|-----|--------------|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total | | | | | |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 600.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | <u>\$</u> —— | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | | | | | - |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 600.00 |
| | | | | | |
| | | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ | 27,233.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that | _ | _ | 0.00 |
| | | you did not report as priority claims | 6g. | \$ | |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 8,012.33 |
| | | | | | |

| Fill in this infor | | | | | | |
|---------------------|--------------------------|-------------------|-----------|--|--------------------------------------|--|
| Debtor 1 | Michelle R. Lowe | ry | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | | |
| Case number _ | | | | | ☐ Check if this is an amended filing | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with Name, Number | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | • | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | • | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

| Fill in this | s information to identify your | case: | | | |
|------------------------------|---|---|---|--|---|
| Debtor 1 | Michelle R. Lowe | · | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, fil | First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | |
| Case num | nber | | | | ☐ Check if this is an amended filing |
| | al Form 106H dule H: Your Cod | ebtors | | | 12/15 |
| people are fill it out, a | e filing together, both are equ | ally responsible for supposes on the left. Attacl | olying correct informat In the Additional Page t | tion. If more space is no | ate as possible. If two married eeded, copy the Additional Page, o of any Additional Pages, write |
| 1. Do | you have any codebtors? (If | you are filing a joint case, | do not list either spouse | as a codebtor. | |
| ■ No | | | | | |
| Arizo | thin the last 8 years, have you na, California, Idaho, Louisiana o. Go to line 3. es. Did your spouse, former spouse | Nevada, New Mexico, Pu | ierto Rico, Texas, Wash | | y states and territories include |
| in lin Form | e 2 again as a codebtor only i | f that person is a guaran | tor or cosigner. Make | sure you have listed th | g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | P Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt es that apply: |
| 3.1 | Name | | | ☐ Schedule D, line ☐ Schedule E/F, li ☐ Schedule G, line | ine |
| | Number Street City | State | ZIP Code | | |
| 3.2 | Name | | | □ Schedule D, line □ Schedule E/F, li □ Schedule G, line | ine |
| | Number Street City | State | ZIP Code | | |

Schedule H: Your Codebtors

| Fill | in this information t | to identify your ca | ase: | | | | | | | | |
|--------------------|--|-------------------------------------|---|--|-------------------------|----------------|--------------------------|----------------------|-------------------------|--------------------------------|-----------------|
| Del | btor 1 | Michelle R. I | _owery | | | | | | | | |
| | btor 2 ouse, if filing) | | | | | _ | | | | | |
| Uni | ited States Bankrup | otcy Court for the | : NORTHERN DISTRIC | CT OF OHIO | | _ | | | | | |
| | se number | | | - | | | ☐ An | | nt showir | ng postpetition ollowing date: | chapter |
| <u>O</u> | fficial Form | <u> 1061</u> | | | | | MN | // DD/ Y | YYY | | |
| S | chedule I: | Your Inco | ome | | | | | | | | 12/15 |
| sup spo atta | plying correct info use. If you are sep ich a separate she | ormation. If you parated and you | sible. If two married peo are married and not filii r spouse is not filing wi On the top of any additi | ng jointly, and your ith you, do not inclu | spouse is ide inforn | s liv natio | ing with y on about y | ou, inclu our spo | ıde infori use. If m | mation about ore space is r | your needed, |
| 1. | Fill in your emplinformation. | loyment | | Debtor 1 | | | 1 | Debtor 2 | or non-f | iling spouse | |
| | | If you have more than one job, | | ■ Employed | | | ■ Employed | | | | |
| | attach a separate information about | | | | ☐ Not employed | | | ☐ Not employed | | | |
| | employers. | | Occupation | Disability | | | | Building | Inspec | ter | |
| | Include part-time, self-employed wo | | Employer's name | | | | | City of I | Maple H | ts. | |
| | Occupation may or homemaker, if | | Employer's address | | | | | 5353 Le Maple H | | OH 44137 | |
| | | | How long employed t | here? | | | | _1 | 4 years | | |
| Pai | rt 2: Give De | tails About Mor | thly Income | | | | | | | | |
| | imate monthly incouse unless you are | | ate you file this form. If | you have nothing to ı | report for a | any I | ine, write S | \$0 in the | space. In | clude your non | -filing |
| | ou or your non-filing e space, attach a s | | ore than one employer, co | ombine the information | on for all e | mplo | oyers for th | nat persoi | n on the I | ines below. If y | ou need |
| | | | | | | | For Debt | or 1 | | btor 2 or ing spouse | |
| 2. | | | ry, and commissions (becalculate what the month) | | 2. | \$ | | 0.00 | \$ | 3,029.69 | |
| 3. | Estimate and lis | t monthly overti | ime pay. | | 3. | +\$ | | 0.00 | +\$ | 0.00 | |

Official Form 106I Schedule I: Your Income page 1

Calculate gross Income. Add line 2 + line 3.

0.00

Case number (if known)

| | | | For | Debtor 1 | For Debtor | |
|-----|---|------------|-----------|----------------|------------------------|-------------------------|
| | Copy line 4 here | 4. | \$ | 0.00 | | ,029.69 |
| 5. | List all payroll deductions: | | | | | ' |
| | 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | 287.39 |
| | 5b. Mandatory contributions for retirement plans | 5b. | \$ - | 0.00 | \$ | 0.00 |
| | 5c. Voluntary contributions for retirement plans | 5c. | \$_ | 0.00 | \$ | 0.00 |
| | 5d. Required repayments of retirement fund loans | 5d. | <u> </u> | 0.00 | \$ | 0.00 |
| | 5e. Insurance | 5e. | \$_ | 0.00 | \$ | 216.67 |
| | 5f. Domestic support obligations | 5f. | \$ | 0.00 | \$ | 0.00 |
| | 5g. Union dues | 5g. | \$ | 0.00 | \$ | 0.00 |
| | 5h. Other deductions. Specify: PERS | 5h.+ | \$ | | + \$ | 302.97 |
| 6. | Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 0.00 | \$ | 807.03 |
| 7. | Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ 2 | ,222.66 |
| 8. | List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$_ | 1,565.00 | \$ | 0.00 |
| | 8b. Interest and dividends | 8b. | \$ | 0.00 | \$ | 0.00 |
| | 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation | 8c. 8d. | \$_ \$ | 0.00 | \$ \$ | 0.00 |
| | 8e. Social Security | 8e. | \$ | 2,265.00 | \$ | 0.00 |
| | 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$_ | 0.00 | \$ | 0.00 |
| | 8g. Pension or retirement income | 8g. | \$_ | 0.00 | \$ | 0.00 |
| | 8h. Other monthly income. Specify: | _ 8h.+ | · \$_ | 0.00 | + \$ | 0.00 |
| 9. | Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 3,830.00 | \$ | 0.00 |
| 10. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | | 3,830.00 + \$_ | 2,222.66 | \$ 6,052.66 |
| 11. | State all other regular contributions to the expenses that you list in <i>Schedule</i> Include contributions from an unmarried partner, members of your household, your other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not a Specify: | depen | | | ed in <i>Schedul</i> e | e J. +\$0.00 |
| 12. | Add the amount in the last column of line 10 to the amount in line 11. The res Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certai</i> applies | | | | | \$ 6,052.66 |
| 13. | Do you expect an increase or decrease within the year after you file this form | ? | | | | Combined monthly income |
| | No. | | | | | |
| | Yes. Explain: Debtor's rental income comes from two properties | s ho | hue | iness owns D | ental incom | ne is \$2 425 ner |
| | month, expenses are \$860 per month, net from b | | | | ontai iiicoli | .o 10 wz,720 pei |

Official Form 106l Schedule I: Your Income page 2

| Fill | in this informa | tion to identify yo | our case: | | | | | | | |
|------|----------------------------|---|----------------|---|---|------------------------|-----------------|------------------------------------|--|---------|
| Deb | tor 1 | Michelle R. I | owerv | | | Ch | eck if | this is: | | |
| | | | | | | | | amended filing | | |
| | otor 2 ouse, if filing) | | | | | | | | ring postpetition cha the following date: | apter |
| (Spc | ouse, ii iiiiig) | | | | | | 13 | expenses as on | the following date. | |
| Unit | ed States Bankr | uptcy Court for the | : NORTH | IERN DISTRICT OF OHIC |) | | MN | I / DD / YYYY | | |
| l | e number nown) | | | | | | | | | |
| | | | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | | |
| Sc | chedule | J: Your | Exper | ises | | | | | | 12/15 |
| info | ormation. If m | and accurate as lore space is ne n). Answer eve | eded, atta | If two married people and the share to this n. | re filing together, bo form. On the top of | oth are ed any addi | ıually tiona | responsible fo I pages, write y | r supplying correct our name and cas | et e |
| Par | | ibe Your House | ehold | | | | | | | |
| 1. | Is this a joir | | | | | | | | | |
| | ■ No. Go to | | in a sonar: | ate household? | | | | | | |
| | □ 103. D00 | | пта эсран | ate nousenoiu: | | | | | | |
| | | | st file Offici | al Form 106J-2, Expenses | s for Separate House | hold of De | ebtor : | 2. | | |
| 2. | Do you have | e dependents? | ■ No | | | | | | | |
| ۷. | • | • | _ | Fill and their information for | D | | | Danier danie | Dana danan dana | |
| | Do not list D Debtor 2. | eptor i and | ☐ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | _ | Dependent's age | Does dependent live with you? | ı |
| | Do not state | the | | | | | | | □ No | I |
| | dependents | names. | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No □ Yes | |
| 3. | Do vour ext | enses include | _ | NI. | | | | | □ res | |
| 0. | expenses of | f people other t d your depende | han _ | No Yes | | | | | | |
| Par | t 2: Estim | ate Your Ongoi | ng Monthi | y Expenses | | | | | | |
| exp | | | | uptcy filing date unless y y is filed. If this is a supp | | | | | | |
| | | | | government assistance i | | | | | | |
| | | | d have inc | luded it on Schedule I: | Your Income | | | Your expe | enses | |
| (OII | ficial Form 10 | 101.) | | | | | | тош охро | | |
| 4. | | or home owners and any rent for th | | ses for your residence. I r lot. | nclude first mortgage | e 4. | \$_ | | 0.00 | |
| | If not includ | led in line 4: | | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | | 200.00 | |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. | | | 78.00 | |
| | • | • | | pkeep expenses | | 4c. | | | 100.00 | |
| | | owner's associa | | | | 4d. | _ | | 0.00 | |
| 5. | Additional r | nortgage paym | ents for yo | our residence, such as ho | me equity loans | 5. | \$ | | 0.00 | |

| Debtor 1 | Michelle R. Lowery | Case num | ber (if known) | |
|------------------------|--|-------------|----------------|--------------------------|
| S. Utili t | ties: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 235.00 |
| 6b. | Water, sewer, garbage collection | 6b. | | 300.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 0.00 |
| 6d. | Other. Specify: Cable/Internet | 6d. | \$ | 260.00 |
| | Cell Phone | | \$ | 100.00 |
| . Foo | and housekeeping supplies | | \$ | 1,000.00 |
| | dcare and children's education costs | 8. | \$ | 0.00 |
| | hing, laundry, and dry cleaning | 9. | \$ | 200.00 |
| | onal care products and services | 10. | \$ | 200.00 |
| | ical and dental expenses | 11. | \$ | 200.00 |
| | sportation. Include gas, maintenance, bus or train fare. | | <u> </u> | 200.00 |
| | ot include car payments. | 12. | \$ | 400.00 |
| | rtainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 100.00 |
| | ritable contributions and religious donations | 14. | \$ | 0.00 |
| 5. Insu | rance. | | | |
| Do n | ot include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. | Life insurance | 15a. | \$ | 0.00 |
| 15b. | Health insurance | 15b. | \$ | 0.00 |
| 15c. | Vehicle insurance | 15c. | \$ | 90.00 |
| 15d. | Other insurance. Specify: | 15d. | \$ | 0.00 |
| S. Taxe Spec | es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: | 16. | \$ | 0.00 |
| 7. Insta | allment or lease payments: | | | |
| | Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| 17b. | Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. | Other. Specify: Husband's car payment | 17c. | \$ | 370.00 |
| | Other. Specify: Husband's credit card payments | 17d. | \$ | 100.00 |
| | payments of alimony, maintenance, and support that you did not report as | <u> </u> | - | |
| | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| | er payments you make to support others who do not live with you. | | \$ | 0.00 |
| Spec | · | 19. | | |
| | er real property expenses not included in lines 4 or 5 of this form or on Sche | edule I: Yo | our Income. | |
| 20a. | Mortgages on other property | 20a. | · - | 0.00 |
| 20b. | Real estate taxes | 20b. | \$ | 0.00 |
| 20c. | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. | Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| 1. Othe | er: Specify: | 21. | +\$ | 0.00 |
| 2. Calc | ulate your monthly expenses | | | |
| 22a. | Add lines 4 through 21. | | \$ | 3,933.00 |
| 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | , |
| | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 3,933.00 |
| 220. | The mile ZZa and ZZb. The result is your monthly expenses. | | | 3,333.00 |
| | ulate your monthly net income. | | | |
| 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 6,052.66 |
| 23b. | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 3,933.00 |
| | | | | |
| 23c. | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. | \$ | 2,119.66 |
| For e | cou expect an increase or decrease in your expenses within the year after you cample, do you expect to finish paying for your car loan within the year or do you expect you incation to the terms of your mortgage? o. es. Explain here: | | | or decrease because of a |

| Fill in this infor | mation to identify your | case: | | | |
|---|--|---|-------------------------------|---|---|
| Debtor 1 | Michelle R. Lowe | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | |
| Case number _ | | | | | – 0 |
| (II KNOWN) | | | | | Check if this is an amended filing |
| two married po | eople are filing togethe | r, both are equally respo | nsible for supplying correc | et information. | |
| btaining mone | | n connection with a bank | | | ement, concealing property, or 00, or imprisonment for up to 20 |
| obtaining mone rears, or both. 1 | y or property by fraud i | n connection with a bank | | | |
| btaining mone ears, or both. 1 | ey or property by fraud i 18 U.S.C. §§ 152, 1341, 1 gn Below | n connection with a band | | ines up to \$250,00 | |
| obtaining mone years, or both. 1 | ey or property by fraud i 18 U.S.C. §§ 152, 1341, 1 gn Below | n connection with a band | kruptcy case can result in f | ines up to \$250,00 | |
| btaining money rears, or both. 1 Sig Did you pa | ey or property by fraud i 18 U.S.C. §§ 152, 1341, 1 gn Below | n connection with a band | kruptcy case can result in f | ines up to \$250,00 kruptcy forms? Attach Ban | |
| Did you pa | ey or property by fraud in the U.S.C. §§ 152, 1341, 19 gn Below ay or agree to pay some | n connection with a band 1519, and 3571. eone who is NOT an attor | kruptcy case can result in f | akruptcy forms? Attach Bank Declaration | kruptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| Did you pa No Yes. I Under penathat they ar | ey or property by fraud in the U.S.C. §§ 152, 1341, 13 | n connection with a band 1519, and 3571. eone who is NOT an attor | ruptcy case can result in f | akruptcy forms? Attach Bank Declaration | kruptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| Did you pa Did you pa No Yes. I Under penathat they ar X /s/ Michel | ey or property by fraud in the U.S.C. §§ 152, 1341, 19 gn Below any or agree to pay some of person Alty of perjury, I declare | n connection with a band 1519, and 3571. eone who is NOT an attor | rney to help you fill out bar | Attach Band Declaration | kruptcy Petition Preparer's Notice, and Signature (Official Form 119) |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| Fill in this info | ormation to identify you | r case: | | | |
|---------------------|---|--|------------------------------------|--|--------------------------------------|
| Debtor 1 | Michelle R. Low | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | NORTHERN DISTRICT C | OF OHIO | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an mended filing |
| | | | | | |
| Official F | | | | | |
| Statemer | nt of Financial | Affairs for Individ | duals Filing for B | ankruptcy | 4/19 |
| | | | | equally responsible for sup y additional pages, write you | |
| number (if kno | own). Answer every que | stion. | | | |
| Part 1: Give | e Details About Your Ma | arital Status and Where You | Lived Before | | |
| 1. What is ye | our current marital statu | ıs? | | | |
| ■ Marri | ed | | | | |
| ☐ Not n | narried | | | | |
| 2. During the | e last 3 years, have you | lived anywhere other than | where you live now? | | |
| ■ No | | | | | |
| _ | List all of the places you I | ived in the last 3 years. Do no | ot include where you live now | <i>I</i> . | |
| Debtor 1 | Prior Address: | Dates Debtor 1 | Debtor 2 Prior Ad | ldress: | Dates Debtor 2 |
| Dobto: 1 | 11101714410001 | lived there | 200101 2 1 1101 710 | | lived there |
| | | | | ity property state or territory | |
| states and terri | tories include Arizona, Ca | ilifornia, Idaho, Louisiana, Nev | vada, New Mexico, Puerto R | ico, Texas, Washington and W | 'isconsin.) |
| ■ No | | | | | |
| ☐ Yes. | Make sure you fill out Sci | hedule H: Your Codebtors (Of | ficial Form 106H). | | |
| Part 2 Exp | lain the Sources of You | r Income | | | |
| 4. Did you h | avo any incomo from or | nnlovment or from eneratin | a a business during this w | ear or the two previous caler | ndar voare? |
| Fill in the t | otal amount of income yo | u received from all jobs and a have income that you receive | all businesses, including part | time activities. | idai years: |
| □ No | | | | | |
| | Fill in the details. | | | | |
| | | 511 | | D.L. | |
| | | Debtor 1 Sources of income | Gross income | Debtor 2 Sources of income | Gross income |
| | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| | 1 of current year until illed for bankruptcy: | ☐ Wages, commissions, bonuses, tips | \$14,550.00 | ☐ Wages, commissions, bonuses, tips | |
| | | Operating a business | | Operating a business | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Best Case Bankruptcy

| De | ebtor 1 | Mi | chelle R. I | owery | | | Case | e number (if known) | | |
|---|--------------|------------|--------------------------------------|----------------------------|--|--|----------------|---|---------------|---|
| | | | | | | | | | | |
| | | | | | Debtor 1 | | | Debtor 2 | | |
| | | | | | Sources of income Check all that apply. | Gross incom (before deduce exclusions) | | Sources of inco | | Gross income (before deductions and exclusions) |
| For last calendar year: (January 1 to December 31, 2018) | | 31, 2018) | ☐ Wages, commissions, bonuses, tips | \$2 | 29,100.00 | ☐ Wages, combonuses, tips | missions, | | | |
| | | | | | Operating a business | | | ☐ Operating a I | ousiness | |
| | | | dar year be December | | ☐ Wages, commissions, bonuses, tips | \$2 | 29,100.00 | ☐ Wages, combonuses, tips | missions, | |
| | | | | | Operating a business | | | ☐ Operating a I | ousiness | |
| | List | No | source and t | - | me from each source separa Debtor 1 Sources of income | tely. Do not inclu | | nat you listed in lin Debtor 2 Sources of inc | | Gross income |
| | | | | | Describe below. | each source (before deduce exclusions) | ! | Describe below. | | (before deductions and exclusions) |
| | | | 1 of curre | nt year until nkruptcy: | Social Security | 4 | 2,265.00 | | | |
| Ра 6. | rt 3: Are | | | | Made Before You Filed for s debts primarily consume | - | | | | |
| | | No. | | | ebtor 2 has primarily consupersonal, family, or househo | | nsumer debts | s are defined in 11 | U.S.C. § 10° | 1(8) as "incurred by an |
| | | | | - | re you filed for bankruptcy, di | id you pay any cr | reditor a tota | l of \$6,825* or mor | e? | |
| | | | □ _{No.} □ _{Yes} | | each creditor to whom you pa editor. Do not include paymer | | | | | |
| | | | * Subject | | payments to an attorney for t on 4/01/22 and every 3 year | | | or after the date of | f adjustment. | |
| | | Yes. | | | r both have primarily consure you filed for bankruptcy, di | | reditor a tota | l of \$600 or more? | | |
| | | | ■ No. | Go to line 7 | | | | | | |
| | | | ☐ Yes | include pay | each creditor to whom you pai ments for domestic support o this bankruptcy case. | | | | | |
| | Cre | ditor' | s Name and | d Address | Dates of payme | ent Total | amount | Amount you | Was this p | payment for |

paid still owe

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

| 7 . | Within 1 year before you filed for bankrupto Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 17 alimony. | rtners; relatives of any gene control, or owner of 20% or | eral partners; partners partners of their votin | erships of which yo g securities; and ar | u are a genera ny managing ag | l partner; corporations gent, including one for |
|------------|---|--|--|---|----------------------------------|--|
| | ■ No□ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for t | his payment |
| 3. | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosi No Yes. List all payments to an insider | | nents or transfer a | any property on a | ccount of a de | bt that benefited an |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for t | this payment |
| Pai | rt 4: Identify Legal Actions, Repossession | s, and Foreclosures | | | | |
|). | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | case |
| | INA Group vs. Michelle R. Lowery CV-14-825842 | Foreclosure | Cuyahoga Cou Common Pleas Clerk of Courts 1200 Ontario S Cleveland, OH | s S Office Street | ■ Pending □ On appea □ Conclude | |
| 0. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below ■ No. Go to line 11. □ Yes. Fill in the information below. | | rty repossessed, f | foreclosed, garnis | hed, attached | , seized, or levied? |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property |
| | | Explain what happened | | | | property |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ■ No □ Yes. Fill in the details. | | uding a bank or fi | nancial institution | , set off any a | mounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | Date taken | action was | Amount |
| 2. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or an ■ No □ Yes | | rty in the possess | ion of an assigne | e for the bene | fit of creditors, a |

Case number (if known)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

Debtor 1 Michelle R. Lowery

19-13761-jps Doc 1 FILED 06/17/19 ENTERED 06/17/19 17:22:51 Page 37 of 53

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Best Case Bankruptcy

Official Form 107

| | transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | |
|-----|---|---|----------------------------|--|---|
| | Person Who Received Transfer Address Person's relationship to you | Description and v property transfer | | Describe any property or payments received or debts paid in exchange | Date transfer was made |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | of which you are a |
| | Name of trust | Description and v | alue of the proper | rty transferred | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, Instr | ruments, Safe Deposit | t Boxes, and Stora | nge Units | maao |
| 20. | | were any financial ac | counts or instrum | ents held in your name, or for yo | |
| | houses, pension funds, cooperatives, associa No Yes. Fill in the details. | | | | |
| | | ast 4 digits of account number | Type of account instrument | or Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ar before you filed for | bankruptcy, any s | safe deposit box or other deposi | tory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | | escribe the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or | place other than your | home within 1 ye | ar before you filed for bankruptc | y? |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | | escribe the contents | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control fo | or Someone Else | | | |
| 23. | Do you hold or control any property that some for someone. | eone else owns? Inclu | ude any property y | you borrowed from, are storing fo | or, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | escribe the property | Value |
| Par | t 10: Give Details About Environmental Inform | mation | | | |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

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regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

| Rep | ort all notices, releases, and proc | eedings that yo | ou know about, regardless of when | they | occurred. | | |
|--|---|-------------------|---|--------|--|-----------------------|--------------------|
| 24. | Has any governmental unit notif | ied you that you | u may be liable or potentially liable | unde | er or in viol | ation of an environme | ental law? |
| | ■ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State an | nd ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmei know it | ntal law, if you | Date of notice |
| 25. | Have you notified any governme | ntal unit of any | release of hazardous material? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State an | nd ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmei know it | ntal law, if you | Date of notice |
| 26. | Have you been a party in any jud | licial or adminis | strative proceeding under any envir | onm | ental law? | Include settlements a | and orders. |
| | No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Natu | ure of the c | ase | Status of the case |
| Par | t 11: Give Details About Your B | usiness or Con | nections to Any Business | | | | |
| 27. | Within 4 years before you filed for | or bankruptcy, o | did you own a business or have any | y of t | the followin | ng connections to any | business? |
| | ☐ A sole proprietor or self- | employed in a t | rade, profession, or other activity, o | eithe | er full-time o | or part-time | |
| | ■ A member of a limited lia | bility company | (LLC) or limited liability partnership | p (LL | _P) | | |
| | ☐ A partner in a partnershi | p | | | | | |
| | ☐ An officer, director, or m | anaging execut | ive of a corporation | | | | |
| | ☐ An owner of at least 5% of | of the voting or | equity securities of a corporation | | | | |
| | ☐ No. None of the above appli | ies. Go to Part | 12. | | | | |
| Yes. Check all that apply above and fill in the details below for each business. | | | | | | | |
| | Business Name | De | Describe the nature of the business | | Employer Identification number | | |
| | Address (Number, Street, City, State and ZIP Code) | | ame of accountant or bookkeeper | | Do not include Social Security number or ITIN. Dates business existed | | |
| | JML Investments of Ohio LL | .C Pr | roperty management | | EIN: | 0277 | |
| | 19609 Milan Dr. Maple Heights, OH 44137 | Se | lf | | From-To | 1/27/2017 | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debto | Michelle R. Lowery | | Case number (if known) |
|----------------|--|--|---|
| | Nithin 2 years before you filed for bankrup nstitutions, creditors, or other parties. | otcy, did you give a financial statement to | anyone about your business? Include all financial |
| | ■ No □ Yes. Fill in the details below. | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | |
| Part 1 | 12: Sign Below | | |
| 8 U.S /s/ M | i bankruptcy case can result in fines up to S.C. §§ 152, 1341, 1519, and 3571. | Signature of Debtor 2 | |
| | nelle R. Lowery ature of Debtor 1 | Signature of Debtor 2 | |
| Date | June 17, 2019 | Date | |
| | ou attach additional pages to Your Staten | nent of Financial Affairs for Individuals Fi | ling for Bankruptcy (Official Form 107)? |
| ■ No | | | |
| ☐ Yes | 5 | | |
| Did yo | ou pay or agree to pay someone who is n | ot an attorney to help you fill out bankrup | tcy forms? |
| No | | | |
| ☐ Yes | s. Name of Person Attach the Banki | ruptcy Petition Preparer's Notice, Declaration | n, and Signature (Official Form 119). |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Fill in this information to identify your case: | | | |
|---|---|--|--|
| Debtor 1 | Michelle R. Lowery | | |
| Debtor 2 (Spouse, if filing) | | | |
| United States B | Bankruptcy Court for the: Northern District of Ohio | | |
| Case number | | | |
| | | | |

| Check as directed in lines 17 and 21: | | | | | | |
|---|--|--|--|--|--|--|
| According to the calculations required by this Statement: | | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| | 3. The commitment period is 3 years. | | | | | |
| | 4. The commitment period is 5 years. | | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Calculate Your Average Monthly Income Part 1: 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 0.00 3,030.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 2,425.00 \$ Gross receipts (before all deductions) 860.00 Ordinary and necessary operating expenses Copy Net monthly income from rental or other real

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

\$

page 1

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property

Best Case Bankruptcy

0.00

1,565.00 here -> \$

1.565.00

| Total average monthly income Total average monthly income from line 11. \$ 4,595. | | | | | | Column A Debtor 1 | | Column B Debtor 2 c | | |
|--|-----------|-----------------------------|--|--|---------------|------------------------------|--------------------|------------------------------------|---------------------------|--------------|
| Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list is here: For you \$ 0.00 For your spouse \$ 0.00 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domnestic terrorism. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0.00 Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Calculate wour total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: 14. You are married and your spouse is filing with you. Fill in 0 below. 15. Vou are married and your spouse is filing with you. 16. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustment does not apply, enter 0 below. 16. Calculate your current monthly income for the year. Follow these steps: 16. Calculate your current monthly income for the year. Follow these steps: 17. Calculate your current monthly income for the year. Follow these steps: 18. 4,595. 19. Applications a payment of the propers of the year. Follow these steps: 19. Calculate the propers of the propers of the propers o | 7. | Interest | , dividends, and royalties | | | \$ | 0.00 | o \$ | 0.00 | |
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| 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: 14. You are married and your spouse is filling with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustment does not apply, enter 0 below. 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here> 15a. Copy line 14 here> 15a. Cypt line 14 here> 15b. Multiply line 15a by 12 (the number of months in a year). | | | | the amount received was a ber | efit unde | r | | | | |
| 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0.00 Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: You are married and your spouse is filling with you. Fill in 0 below. You are married and your spouse is filling with you. Fill in 0 below. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here> Multiply line 15a by 12 (the number of months in a year). | | For yo | DU | \$ | 0.00 | | | | | |
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| Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 21. Copy your total average monthly income from line 11. 22. Copy your total average monthly income from line 11. 23. Calculate the marital adjustment. Check one: 24. You are not married. Fill in 0 below. 25. You are married and your spouse is filing with you. 26. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. 27. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. 28. If this adjustment does not apply, enter 0 below. 39. Separate page. 4. Your current monthly income. Subtract line 13 from line 12. 4. Source current monthly income. Subtract line 13 from line 12. 4. Source current monthly income for the year. Follow these steps: 15a. Copy line 14 here > | | - | | | | \$ | | | | |
| 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 1,565.00 | | - | | | | \$ | | | | |
| each column. Then add the total for Column A to the total for Column B. 1,565.00 | | | Total amounts from separate page | s, if any. | + | • \$ | 0.00 | <u> </u> | 0.00 | |
| Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ 0.00 Copy here=> | 11. | | | | \$ | 1,565.00 | + \$ | 3,030.00 | = \$ | 4,595.00 |
| 13. Calculate the marital adjustment. Check one: □ You are not married. Fill in 0 below. □ You are married and your spouse is filing with you. Fill in 0 below. □ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | | | | | | | | Ф. | 4.505.00 |
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| You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ Total \$ 0.00 Copy here=> \$ 4,595. 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). \$ x 12 | 10. | _ | • | 5110. | | | | | | |
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| Total \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | If th | nis adjustment does not apply, enter | 0 below. | | | | | | |
| Total \$ 0.00 Copy here=> - \$ 4,595. 14. Your current monthly income. Subtract line 13 from line 12. \$ 4,595. 15a. Copy line 14 here=> \$ 4,595. Multiply line 15a by 12 (the number of months in a year). | | | | | _ \$_ | | _ | | | |
| Total \$ 0.00 Copy here=> | | | | | | | _ | | | |
| 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). x 12 | | | Total | | <u>_</u> | 0.0 | 00 | Copy here=> | _ | 0.00 |
| 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). x 12 | | | | | | | | | | |
| 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). x 12 | 14. | Your c | urrent monthly income. Subtract | line 13 from line 12. | | | | | \$ | 4,595.00 |
| Multiply line 15a by 12 (the number of months in a year). | 15. | | | for the year. Follow these step | os: | | | | | 4 595 nn |
| - FE 440 | | | | | | | | | \$ | ,000.00 |
| 15b. The result is your current monthly income for the year for this part of the form. \$ 55,140. | | N | Multiply line 15a by 12 (the number | of months in a year). | | | | | x 1 | 2 |
| 13b. The result is your current monthly income for the year for this part of the form. | | 15b. T | The result is your current monthly in | come for the year for this part o | f the form | 1 | | | \$5 | 5,140.00 |

| Debte | or 1 | Mich | elle R. Lowery | | Case number (if known) | | |
|-------|--------------|---------|--|---------------------------------------|--|--------------|------------------|
| 16 | . Calc | ulate | the median family income that applies to yo | ou. Follow these s | steps: | | |
| | 16a. | Fill in | the state in which you live. | ОН | _ | | |
| | 16b. | Fill in | the number of people in your household. | 2 | | | |
| | | | the median family income for your state and si | ize of household. | _ | \$ | 62,308.00 |
| | | instru | d a list of applicable median income amounts, ctions for this form. This list may also be availa | | he link specified in the separate | *- | |
| 17 | | _ | ne lines compare? | the ten of nega | 1 of this form shook how 1. Disposable in | nama ia na | datarminad undar |
| | 17a. | | Line 15b is less than or equal to line 16c. Or 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NO | | • | | |
| | 17b. | | Line 15b is more than line 16c. On the top o 1325(b)(3). Go to Part 3 and fill out Calcul your current monthly income from line 14 ab | ation of Your Di | | | |
| Par | t 3: | Cal | culate Your Commitment Period Under 11 L | J.S.C. § 1325(b)(4 | 4) | | |
| 18. | Сор | y you | r total average monthly income from line 11 | | | \$ | 4,595.00 |
| 19. | cont | end th | e marital adjustment if it applies. If you are nat calculating the commitment period under 11 ncome, copy the amount from line 13. | married, your spo U.S.C. § 1325(b) | use is not filing with you, and you (4) allows you to deduct part of your | | |
| | • | | marital adjustment does not apply, fill in 0 on li | ine 19a. | | -\$ | 0.00 |
| | | | | | | | |
| | 19b. | Subti | ract line 19a from line 18. | | | \$_ | 4,595.00 |
| 20. | Calc | ulate | your current monthly income for the year. | Follow these step | os: | | |
| | 20a. | Сору | line 19b | | | \$_ | 4,595.00 |
| | | Multip | ply by 12 (the number of months in a year). | | | | x 12 |
| | | | | | | | |
| | 20b. | The r | esult is your current monthly income for the ye | ar for this part of | the form | \$_ | 55,140.00 |
| | | | | | | | |
| | 20c. | Сору | the median family income for your state and s | ize of household | from line 16c | \$_ | 62,308.00 |
| | 04 | | de de Processoro | | | | |
| | 21. | How | do the lines compare? | | | | |
| | | | Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4. | e ordered by the | court, on the top of page 1 of this form, ch | neck box 3, | The commitment |
| | | | Line 20b is more than or equal to line 20c. Unlocommitment period is 5 years. Go to Part 4. | ess otherwise ord | ered by the court, on the top of page 1 of | this form, o | heck box 4, The |
| Par | t 4: | Sig | n Below | | | | |
| | By s | igning | here, under penalty of perjury I declare that the | e information on | this statement and in any attachments is | true and co | rect. |
| > | (<u>/s/</u> | Mich | elle R. Lowery | | | | |
| | | | e R. Lowery e of Debtor 1 | | | | |
| | · | | ne 17, 2019 | | | | |
| | lf v.c | | / DD / YYYY cked 17a, do NOT fill out or file Form 122C-2. | | | | |
| | | | cked 17b, fill out Form 122C-2 and file it with the | is form On line ? | 9 of that form, convivour current monthly | income from | n line 14 ahove |
| | ı, yu | ~ 0110C | mos mo, im out i onni izzo-z and inc it with th | | o or macronin, copy your current intelling | | I T UDUVU. |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 3

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Best Case Bankruptcy

| Debtor 1 | Michelle R. Lowery | Case number (if known) | |
|----------|--------------------|------------------------|--|
| | | | |

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 12/01/2018 to 05/31/2019.

Line 6 - Rent and other real property income

Source of Income: Rental incomes

Constant income of 2,425.00 per month.

Constant expense of 860.00 per month.

Net Income 1,565.00 per month.

Non-CMI - Social Security Act Income

Source of Income: SSD

Constant income of \$2,265.00 per month.

| Debtor 1 | Michelle R. Lowery | Case number (if known) |
|----------|--------------------|------------------------|
|----------|--------------------|------------------------|

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 12/01/2018 to 05/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **City of Maple Hts.** Constant income of **\$3,030.00** per month.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapte | r 7: | Liquidation |
|----------|-------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| <u>+</u> | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | ¢310 | total foo |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

United States Bankruptcy Court Northern District of Ohio

| In re | Michelle R. Lowery | | Case No. | |
|-------|--|--|--|--|
| | | Debtor(s) | Chapter | 13 |
| | DISCLOSURE OF COMPE | ENSATION OF ATTORN | EY FOR DE | CBTOR(S) |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 compensation paid to me within one year before the filities rendered on behalf of the debtor(s) in contemplation | ng of the petition in bankruptcy, or | agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 3,000.00 |
| | Prior to the filing of this statement I have received | | \$ | 400.00 |
| | Balance Due | | | 2,600.00 |
| 2. | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | ■ I have not agreed to share the above-disclosed com | pensation with any other person unl | less they are memb | pers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed compensopy of the agreement, together with a list of the na | | | |
| 5. | In return for the above-disclosed fee, I have agreed to r | render legal service for all aspects of | f the bankruptcy c | ase, including: |
| | a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, sta c. Representation of the debtor at the meeting of credit d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on ho | tement of affairs and plan which material tors and confirmation hearing, and a reduce to market value; exemons as needed; preparation ar | ay be required; any adjourned hear ption planning; | rings thereof; preparation and filing of |
| 6. | By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any diany other adversary proceeding. | | | es, relief from stay actions or |
| | | CERTIFICATION | | |
| | I certify that the foregoing is a complete statement of an ankruptcy proceeding. | ny agreement or arrangement for pa | yment to me for re | epresentation of the debtor(s) in |
| J | une 17, 2019 | /s/ Melissa L. Resar | | |
| I | ate | Melissa L. Resar Signature of Attorney | | |
| | | Rauser & Associate | s | |
| | | 614 W. Superior # 9 | 50 | |
| | | Cleveland, OH 4411 | | |
| | | 216-263-6200 Fax: www.ohiolegalclinio | | |
| | | Name of law firm | J. 50111 | |
| | | | | |

United States Bankruptcy Court Northern District of Ohio

| In re Michelle R. Lowery | | Case No. | |
|---------------------------------------|---|---------------------|-----------------------|
| | Debtor(s) | Chapter | 13 |
| VER | RIFICATION OF CREDITOR | MATRIX | |
| V 220 | | | |
| he above-named Debtor hereby verifies | s that the attached list of creditors is true and | correct to the best | of his/her knowledge. |
| Date: June 17, 2019 | /s/ Michelle R. Lowery | | |
| Suc | Michelle R. Lowery | | |

Signature of Debtor

ADT Security Services P.O. Box 650485 Dallas, TX 75265

Altran Financial, LP P.O. Box 610 Sauk Rapids, MN 56379-0610

AT&T Uverse P.O. Box 9100 Farmingdale, NY 11735

AT&T Wireless P.O. Box 537104 Atlanta, GA 30353-7104

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285

City of Cleveland Dvision of Water 1201 Lakeside Ave. Cleveland, OH 44114

Cleveland Clinic 9500 Euclid Ave Cleveland, OH 44195

Credit One Bank P.O. Box 98873 Las Vegas, NV 89193

Cuyahoga County Common Pleas Gerald Fuerst Clerk of Courts 1200 Ontario Street Cleveland, OH 44113-1678

Cuyahoga County Fiscal Office 2079 East 9th Street Cleveland, OH 44115

David T. Brady 1213 Prospect Ave. Suite 300 Cleveland, OH 44115

First Federal Credit Control 24700 Chagrin Blvd. #205 Beachwood, OH 44122

First Source Advantage LLC 205 Bryant Woods Buffalo, NY 14228

INA Group, LLC c/o CT Corporation System 4400 Easton Commons Way, STE 125 Columbus, OH 43219

indigo po box 205548 Dallas, TX 75320

IRS PO Box 21125 Philadelphia, PA 19114-0325

IRS Insolvency Group 3 1240 E 9th St Room 493 Cleveland, OH 44199

IRS Centralized Insolvency Operations PO Box 21126 Philadelphia, PA 19114

LendUp 225 Bush St. 11th Fl. San Francisco, CA 94104

Northeast Ohio Regional Sewer District P.O. Box 94550 Cleveland, OH 44101-4550

Quantum3 Group LLC P.O. Box 788 Kirkland, WA 98083-0788

Slayton Wireless, LLC 105 Executive Pkwy., Ste. 300 Hudson, OH 44236

SN Servicing 323 Fifth St. Eureka, CA 95501

Universal Windows Direct, Inc. c/o Its Statutory Agent, KDG Service Co. 29525 Chagrin Boulevard, Suite 250 Beachwood, OH 44122

US Department of Education 2401 International Ln. Madison, WI 53704